

***CITY OF MIAMI GARDENS, FLORIDA***  
**FY-03-04 STAFF CHECKLIST AND APPROVAL**  
**FOR NON-EXCLUSIVE COMMERCIAL SOLID WASTE FRANCHISE**

Applicant: \_\_\_\_\_ Application #: 04-\_\_\_\_\_

	<u><b>Applicant</b></u>	<b>Staff</b>
À Completed & Signed Application Form (SW-1)	_____ Initial: _____	
À Application Fee (\$750.00)	_____ Initial: _____	
À Vehicle Registration Fee (\$25 per Vehicle)	_____ Initial: _____	
À Account Registration Fee (\$100 per Account)	_____ Initial: _____	
À Insurance Certificate(s)	_____ Initial: _____	
À Copy of County Waste Hauler Permit	_____ Initial: _____	
À Copy of County Occupational License	_____ Initial: _____	
À Copy of City Occupational License	_____ Initial: _____	
À Payment Bond (SW-5)	_____ Initial: _____	
À List of Customer Accounts Within the City	_____ Initial: _____	
À Evidence of Licensed, Approved Disposal Facility	_____ Initial: _____	
À Signed Indemnity Release (SW-7)	_____ Initial: _____	

**Staff**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

City Manager: \_\_\_\_\_ Date: \_\_\_\_\_

PERMIT NO. 04- \_\_\_\_\_

